

**NORTHEASTERN UTAH EDUCATIONAL SERVICES  
APPLICATION FOR EMPLOYMENT**



RETURN TO: NUES  
755 S. Main St.  
Heber City, UT 84032  
Phone: (435) 654-1921 FAX: (435) 654-2403

*Please read the entire application carefully before completing it. Use black or blue ink and print clearly or type.*

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**Position Desired:** \_\_\_\_\_ **Date Available for Work:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Social Security Number:\*** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
 (City) (State) (Zip)  
**List other names used:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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Have you ever worked for NUES before?  Yes  No If yes, complete the following:  
**Position:** \_\_\_\_\_ **Dates:** \_\_\_\_\_  
 List any relatives who have worked or are currently working at NUES:  
 \_\_\_\_\_

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**EDUCATION AND TRAINING:**

**(Circle the highest year completed):**

**High School:** 9 10 11 12 GED **Business, Technical, Community, Jr. College:** 13 14  
**College / University:** 13 14 15 16 **Graduate School:** 17 18 19 20

**Degrees Earned (list highest first):**

**Degree:** \_\_\_\_\_ **Major/Course of Study:** \_\_\_\_\_ **Name and location of the institution:** \_\_\_\_\_  
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**Degree:** \_\_\_\_\_ **Major/Course of Study:** \_\_\_\_\_ **Name and location of the institution:** \_\_\_\_\_

**Do you have a current Utah Educator License?**  Yes  No **If yes, please list your teaching endorsements:**

*List any additional skills, licenses, certificates, certifications or training you have received related to the position for which you are applying:*

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**\* Privacy Act Notice:** As an applicant, disclosure of your social security number is voluntary, but helpful to identify and match your application information. If you are hired, section 6109 of the Internal Revenue Code requires you to give your correct social security number to persons who must file information returns with the IRS to report certain information. The Northeastern Utah Educational Services (NUES) confidentially maintains your social security number for identification purposes and routine uses, such as facilitating document matching and administering benefits. NUES will provide this information to the IRS, to any third party that provides this information to the IRS on behalf of NUES, and may provide this information to other agencies to carry out federal or state law. Providing your social security number at this time will facilitate these uses if you become an employee.

**EMPLOYMENT:** List last four positions held, beginning with current or most recent. (Attach separate sheet if needed.)

Employer Name and Address	Position Title & Duties	From (Mo./Yr.) To (Mo./Yr.)	FT PT	Final Salary	Reason for Leaving & Supervisor's Name

Please list the names and phone numbers of three professional references (supervisors, working associates, etc.):

Reference #1: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Reference #3: \_\_\_\_\_

It is the practice of NUES to contact previous employers, supervisors, working associates and those who know the applicable work history or background of a candidate. It is the practice of NUES to contact current employers, supervisors or working associates unless specifically requested, in writing, not to contact.

May we contact employers for reference? Past:  Yes  No Present:  Yes  No

**CRIMINAL BACKGROUND:**

Most convictions will not automatically disqualify job candidates. The seriousness of an offense, how the offense relates to the job you are applying for, and the date of the conviction are considered. In order to maintain a safe environment and protect NUES property, NUES requires all applications to answer the following:

**Have you ever been convicted of an offense other than a minor traffic violation?**  Yes  No

If you are unsure whether a previous offense meets this condition, you should obtain verification prior to answering this question or contact NUES at 435-654-1921.

If yes, please give detailed information. (Attach a separate sheet if needed.)

Date	Location (City, State)	Type of Offense	Final Disposition	Explanation

**RELEASE OF INFORMATION WAIVER**

I hereby authorize NUES to review my past and present employment and educational background.

I understand that I have the right to review and respond to any information obtained by NUES pursuant to this release. I understand that I must make a written request to review and/or respond to this information.

I have read the information included in this application. I understand that any offer of employment as well as continued employment depends upon the completeness and truthfulness of this information. I understand that NUES will not be liable for reference information received from present and/or past employers or background checks. I understand that all NUES are "at will" employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_